

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/889961** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5	1						55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11							61					
12							62					
13	1						63					
14							64					
15	1						65					
16			1				66					
17			(1)				67					
18			(1)				68					
19	1						69					
20							70					
21			1				71					
22							72					
23			1				73					
24							74					
25			1				75					
26							76					
27			1				77					
28							78					
29			1				79					
30							80					
31	1						81					
32			1				82					
33							83					
34			1				84					
35							85					
36			1				86					
37							87					
38			1				88					
39							89					
40			1				90					
41							91					
42			1				92					
43			(1)				93					
44			(1)				94					
45			(1)				95					
46			(1)				96					
47			(1)				97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	39	←					TOTAL DEP.					
TOTAL CLAIMS	47						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS